## Patricia Booker

## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/578987 FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED **AFTER** AFTER AS FILED 1" AMENDMENT 2 <sup>™</sup> AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND FOTAL DEP TOTAL DEP. TOTAL

TOTAL